

Indian Health Program
Monthly Progress Report
COMPLETION INSTRUCTIONS



<http://www.dhs.ca.gov/ihp>



Primary and Rural Health Care Systems Branch
Primary Care and Family Health Division
California Department of Health Services

August 2002

INSTRUCTIONS FOR COMPLETING THE MONTHLY PROGRESS REPORT

Note: For electronic versions of the Monthly Progress Report (MPR) form and related Attachments A and B in Microsoft Excel format, please log on to the Indian Health Program (IHP) website: <http://www.dhs.ca.gov/ihp>. (These forms are being provided as the results of a survey conducted by the IHP in December 2001 indicated that although clinics generally had little difficulty completing the MPR, they wanted updated instructions and forms that were available online).

Table of Contents

Purpose of the Monthly Progress Report	Page 2
Clinic Funding and the MPR	Page 2
Public Disclosure of MPR Data	Page 3
The Importance of the Comments Section of the MPR	Page 3
MPR Submittal Schedule	Page 3
Reporting Multiple Sites	Page 3
Medical and Dental Counted Separately	Page 3
Using the MPR Forms	Page 4
Patient Definitions	Page 5
Indian	
Non-Indian	
Non-Indian Member of Indian Household	
Medical Services	Page 6
Dental Services	Page 8
Community Health Services	Page 9
Contacts	
Transports	
Other	
Further Information	Page 10

Purpose of the Monthly Progress Report

The Monthly Progress Report (MPR) is required from all primary care clinics funded by the California State Indian Health Program (IHP). The MPR tracks clinical medical and dental visits and Community Health Service (CHS) contacts for both American Indian and non-Indian patients. A copy of the MPR form is attached to this document for reference. The MPR is used by the IHP for several reasons:

- To monitor the ability of clinics to meet their grant objectives
- To prepare the IHP annual Departmental report.
- To determine the number of Indian individuals clinics serve each year.
- To determine the number of Indian and non-Indian visits each year.
- To apply annual figures to the IHP funding allocation formula.

Clinic Funding and the MPR

Grant Objectives

Each year the IHP sets visitation goals called grant objectives for each clinic. These include Indian Medical Visits, Total Medical Visits, Indian Dental Visits, Total Dental Visits, and Community Health Services Contacts (see the Scope of Work, Exhibit A, of your IHP grant). “Total” medical and dental visits refer to the combination of Indian and non-Indian visits. To assess annual performance, the total visits reported on the MPR during the year are compared with the expected visits in the IHP grant. Each fulfilled grant objective is rewarded by the IHP allocation formula. Clinics that fulfill all five objectives receive the *maximum* funding available in that component of the IHP annual allocation formula. Clinics that fulfill fewer grant objectives are funded relative to their achievement.

Population Service Index

The Population Service Index (PSI) is a calendar year total of the number of unduplicated American Indian individuals receiving medical services plus the number of unduplicated American Indian individuals receiving dental services. While the Scope of Work objectives track the number of patient visits, the PSI tracks the number of individual patients making those visits. The PSI is a factor in the annual IHP allocation formula and rewards clinics proportionate to the number of American Indian individuals receiving medical and/or dental services.

Public Disclosure of MPR Data

MPR Information submitted to the IHP by clinics is subject to public disclosure in accordance with the California Public Records Act. Since the MPR collects only aggregate data, no patient confidentiality is breached by public disclosure of this information.

The Importance of the “Comments” Section of the MPR

In addition to analyzing the statistical information included on the MPR, the IHP also reviews comments clinics may include on the form. Upon review, the IHP may revise a clinic's grant objectives based on the information provided.

Found at the bottom of the MPR form is a comments section (Section D, titled “Additional Information”), which should be used to identify any significant factors that impact the ability of the clinic to achieve its expected number of patient visits/contacts. For example, if a clinic notes that a dentist retired during the year and the vacancy was unfilled for three months, the number of expected dental visitations for that time period could be reduced proportionately for those months. The IHP would evaluate whether the vacancy had a bearing on the clinic achieving its expected number of patient visits for the fiscal year and if the grant objectives need to be reduced. An adjustment to the grant objectives could impact subsequent annual funding.

MPR Submittal Schedule

Please submit the MPR to the IHP **no later than 30 calendar days** after the reporting period. Failure to submit the MPR on time places the clinic out of compliance and subject to penalties outlined in the IHP grant Exhibit A, Scope of Work.

Reporting Multiple Sites

Clinics that operate in more than one location must report visits that occur both at a clinic's primary site as well as satellite clinics. A separate MPR form for each site as well as a MPR summarizing information from all sites must be submitted monthly. If more than one clinic site is reported, please add the specific site name for each form.

Medical and Dental Counted Separately

Individuals are tracked separately for medical and dental visits. An individual receiving both services on the same day would be counted once for medical and once for dental.

Using the MPR Forms

The IHP recognizes that clinics may have developed existing data collection systems from which to gather the information necessary to complete the MPR. However, attached to these instructions are an MPR, Daily Patient Log, and Monthly Summary of Daily Patient Visits forms that can be used to tabulate this information manually. In addition, the IHP also has available electronic versions of these forms for clinics that may find them useful.

MPR Form (Table I)

This form is found at the end of these instructions. Please make copies of it should you choose to use it to manually complete the MPR information. An electronic MPR form is also available as a Microsoft Excel file at the IHP website. The electronic form includes formulas that calculate key totals as you enter data.

Daily Record Form (Attachment A)

Your "daily collecting record" may be a sign-in register or daily log listing the names of patients who visit the clinic each day. A Daily Record Log form ("Attachment A") is found at the end of these instructions and can be used at a clinic's discretion for preparing daily MPR information manually. Additionally, Microsoft Excel spreadsheet available at the IHP website can also be used to help you compile this information. Patients should be categorized as either American Indians, non-Indian members of American Indian households, or non-Indians not members of American Indian households.

Monthly Summary Form (Attachment B)

This form is also found at the end of these instructions and can be used at a clinic's discretion to manually summarize all the daily totals for the month. To utilize, simply transfer the daily totals from "Attachment A" above to this "monthly summary of daily patients visits" worksheet ("Attachment B"). A Microsoft Excel spreadsheet version of this form is also available at the IHP website.

Identifying Information

A completed MPR must include the grantee name, month and year of the report period. The executive director or designee must sign and date the MPR in blue ink.

Patient Definitions

Use the following patient definitions when completing the MPR.

Indian

An Indian patient is a patient whose ethnic origin is that of America's indigenous peoples (Native American) and is so recognized by his/her tribe, Indian community, and/or the U.S. Bureau of Indian Affairs.

Non-Indian: Member of Indian Household

Those individuals who are not Indians but are members of an Indian household (usually non-Indian spouses and/or their non-Indian children from current or prior relationships).

Non-Indian: Not Living in Indian Household

Non-Indian patients who are not members of an Indian household.

Medical Services

On the MPR report medical visits with a primary care Physician, Physician Assistant, or Family Nurse Practitioner that are documented in patient charts. Typically these services are provided in a clinic, but documented visits may also be included that occur offsite (i.e., hospital, home, etc.). Do not include allied and specialist services such as podiatry, psychiatry, and optometry.

New Medical Patient: An individual who is receiving primary care service from your medical provider (Physician, Physician Assistant, or Family Nurse Practitioner) for the first time ever.

Established Medical Patient “First Visit”: An individual who is receiving primary care service for the first time in the calendar year by a medical provider (Physician, Physician Assistant, or Family Nurse Practitioner). Established patients almost always have a patient health record at your clinic and are known to have received services from your clinic within the previous three calendar years.

Medical Visit: A face-to-face documented visit between a medical provider (Physician, Physician Assistant, or Family Nurse Practitioner) and a patient for the purpose of prevention, education, diagnosis, treatment or rehabilitation of a medical problem.

The guidelines for counting medical visits are:

- a. The service content of the visit must be described in the patient record.
- b. When two or more health providers are teamed together in the visit, only one visit is claimed.
- c. When a provider treats several members of a family in a single session, each member treated independently represents a separate visit if a notation is made in each patient's record.
- d. A visit is counted whether or not the provider is paid staff or a volunteer.
- e. A patient may have more than one visit on a single day at the health center. For example, the patient may receive services from a physician (medical visit) and then in the next hour may receive separate dental clinic services (dental visit).
- f. When a provider meets with a family member to discuss another family member, such as a child, and a notation is made in the child's health record; a visit should be counted. This applies even if the child is not present for the visit.

- g. Project services such as first aid, or health screening activities conducted at health fairs, pow-wows, or other community functions are not to be counted as medical visits, but they may be eligible to be counted as CHS contacts (see Community Health Services section, Other Category).
- h. Patients participating in a group session or community meeting, where medical education or information is provided, are not to be counted as medical visits, but they may be eligible to be counted as CHS contacts (see Community Health Services section, Other Category).

Dental Services

Report dental care that is provided by either dentists or dental hygienists and documented in patient dental records.

New Patient's First Visit: An individual who is receiving services from your dental provider (dentist or dental hygienist) for the first time ever.

Established Patient's First Visit This Calendar Year: An individual who has received dental services for the first time in the calendar year by your dental provider (dentist or dental hygienist). An established patient almost always has a patient record and is known to have received services from your clinic within the previous three calendar years.

Dental Visit: A face-to-face documented visit between a dentist and/or dental hygienist and a patient for the purpose of prevention, education, assessment, and or treatment of a dental problem. The service content of the visit must be described in the patient chart.

If a patient receives services from both the dentist and dental hygienist during the same visit to the clinic, each visit is counted. If a patient receives services from the dental hygienist, and clinical or educational services from a dental assistant, one visit is counted.

Project services such as first aid, or health screening activities conducted at fairs, pow-wows, or other community functions are not to be counted as dental visits, but may be counted as CHS contacts (see Community Health Services section, Other Category).

Community Health Services

Only Community Health Representative (CHR) contacts with American Indians should be reported. Public Health Nurse contacts and contacts with non-Indians are not counted. "Visit", "contact", and "encounter" mean the same thing for purposes of CHS reporting.

Contact

- It is a face-to-face visit between a CHR and an American Indian community member for the purpose of seeking or providing advice about the availability of health care services, assessment of community health and welfare resources (TANF, Medi-Cal, etc.) and/or providing patient education or other special services.
- This category also includes advocacy services, in which a CHR acts as intermediary between a service agency or provider and a patient, and may include filling out forms and accompanying patients to agencies.
- Visit may be in the home of patient or guardian, which may include private residence, board and care home, hospital, or nursing home.
- May include a face-to-face contact between a CHR and a student or community member at a group presentation, usually with documentation of the encounter.

Other Category

This category of contacts includes

- Group presentations, class lectures – count the number of participants attending.
- Contacts where the CHR advocates on behalf of a client to insure that their rights are protected / upheld, that all benefits/services are provided in a respectful and appropriate manner.

Transportation

A count of individuals transported by the agency to access clinical services. Count a patient only once a day, even if transportation was provided to multiple appointments.

Further Information

For additional information please contact the IHP at:

Indian Health Program
California Department of Health Services
714 P Street, Room 550
Sacramento, CA 95814

IHP Phone Number (916) 657-2771

IHP FAX Number: (916) 657-1106

IHP Website: <http://www.dhs.ca.gov/ihp> (includes MPR instructions and forms).

MONTHLY PROGRESS REPORT

TABLE 1

Grantee Name:

Month: _____

Year: _____

	American Indian	Non-Indian	
		Member of Indian Household	Not Member of Indian Household
A. Direct Medical Services			
1. New Patient's First Visit			
2. Established Patient's First Visit This Calendar Year			
3. Total First Visits (Users) (Sum of rows 1 + 2 above)			
4. Additional Visits (2nd, 3rd, 4th. etc.) This Year			
5. TOTAL MEDICAL VISITS (Rows 3 + 4 above)			
B. Direct Dental Care Services			
1. New Patient's First Visit			
2. Established Patient's First Visit This Calendar Year			
3. Total First Visits (Users) (Sum of rows 1 + 2 above)			
4. Additional Visits (2nd, 3rd, 4th. etc.) This Year			
5. TOTAL VISITS (Rows 3 + 4 above)			
C. Outreach Services			
1. Contacts (Other Than Transports)			
2. People Transported			
3. Others (Face-to-face please describe)			
4. TOTAL OUTREACH (Sum of rows 1+2+3 above)			

D. Additional Information: Identify any additions to or significant absence of professional provider staff during this month.
Describe any major changes in program services or report any important services not reported. Use reverse side if needed.

Executive Director's Signature _____

Date: _____

